U3600-3.11-F

REPORT SERIES

No. 11 June 1988

COMPARATIVE VIABILITY OF SENIOR CITIZEN CENTERS IN NORTH DAKOTA

by

Gary A. Goreham and Richard W. Rathge
North Dakota State University
Fargo, North Dakota

and

Sue Tohm
Aging Services Division
Department of Human Services
Bismarck, North Dakota

FOR ADDITIONAL COPIES OR MORE INFORMATION, CONTACT:
Richard W. Rathge, Coordinator
North Dakota Census Data Center
Department of Agricultural Economics
North Dakota Agricultural Experiment Station
North Dakota State University
Fargo, North Dakota 58105

PREFACE

Senior citizen centers serve as a central point for providing social and health services and recreational activities to a growing number of elderly persons in North Dakota. While the number of these centers has risen over the past decade, the decline of the many state's small, rural communities jeopardizes the viability of these centers. To determine the comparative viability of senior centers in North Dakota, a survey of senior centers was conducted during fall 1987.

The study found a wide variety of services and activities were offered through the centers, including group escort transportation; congregate- and home-delivered meals; in-home services; health services; information and referral; educational and cultural activities; and recreational activities. Relationships were found between indicators of comparative viability of senior centers and the size of the centers' catchment areas.

The study should be of use to senior center officers and aging services administrators as they manage programs that serve the elderly. Additionally, the study should be of use to policymakers and planners as they develop policies and propose funding for senior centers.

ACKNOWLEDGEMENTS

We wish to thank the Regional Aging Coordinators for their helpful comments throughout the course of this project. We have appreciated the suggestions they offered as we developed the survey form. Particularly helpful was the time taken by Sandy Arends and Mert Brown who reviewed the project and offered insights into senior centers.

We wish to extend a special note of appreciation to Sheila Anonson for the countless hours she spent coding survey responses into the computer and proofing them for accuracy.

Finally, we are grateful to the senior center officers who took time out of their schedules to complete the survey. Their remarks will make a significant contribution to improving senior centers throughout the state.

Financial assistance for this project was provided, in part, by the Aging Services Division, North Dakota Department of Human Services, and by the North Dakota Agricultural Experiment Station, North Dakota State University, Fargo.

TABLE OF CONTENTS

	Page
List of Tables	ii
Study Methods	2
Description of North Dakota's Senior Centers	3
Comparative Viability of North Dakota's Senior Centers	13
Perspective and Implications	16
References	20
Appendix A (Survey)	22
Appendix B (Correspondence)	26
Appendix C (Index of Comparative Viability Worksheet)	35

LIST OF TABLES

Table		Page
1	Characteristics of Center's Catchment Area and Participants . .	4
2	Ages of Seniors Using an Average Center Per Day	4
3	Characteristics of Center's Facility and Staff	6
4	Funding and Budgets of Senior Centers	7
5	Attitudes of Senior Center Respondents	8
6	Percent of Senior Centers, by Number of Services and Activities Offered	9
7	Number of In-Home, Transportation, Meals, Information/ Referral, and Health Services Offered, by Type	11
8	Number of Fund-Raising, Education/Culture, and Recreational Activities Offered, by Type	12
9	Description of Senior Centers by Size of Catchment Area	15

COMPARATIVE VIABILITY OF SENIOR CITIZEN CENTERS IN NORTH DAKOTA

Gary A. Gorenam, Richard W. Rathge, and Sue Tohm

The number of elderly in North Dakota (persons age 60 and over) grew dramatically over the past decade. In 1970, 93,800 elderly persons lived in North Dakota and represented over 15% of the state's population. By 1980 the number of elderly increased to over 108,400 persons, or 17% of North Dakota's total population. Despite the substantial increase in elderly between 1970 and 1980, that number is projected to level, and perhaps decline slightly, between 1990 and 2000. The projected number of elderly may drop to 105,800 persons in 1990 (14% of the total state population) and to 101,100 persons in the year 2000 (13% of the total state population) (Bureau of the Census 1981, 1982; Rathge et al. 1985).

While the number of elderly may level within the next decade, it does not appear that the number of elderly in the state has yet reached its peak. To illustrate, the number of persons age 65 and over in 1980 was 80,400 persons. Estimates for 1986 suggest the elderly currently total over 88,100 persons, an increase of over 9% between 1980 and 1986 (Gorenam and Rathge 1988). Thus, the elderly are a proportionately large segment of the state's population in need of consideration.

Increases in the number of elderly has been aided, in part, by medical advances that extend the average life expectancy of the state's residents. Our elderly population, however, faces an increasing number of difficulties. For example, substantial out-migration of young and middle-age persons from North Dakota leaves many seniors with fewer extended family members to care for them. Additionally, declines in population in rural areas make delivery of services needed by the elderly increasingly difficult (Nelson 1980).

To provide for some of these services, the state's elderly have established multipurpose senior centers. The concept of multipurpose senior centers was initiated in some of the nation's larger cities during the early 1940s as a way to address the needs of the low-income elderly. Although most of the original programs were organized under the sponsorship of the public welfare departments, the senior center concept later gained support from the private sector. By 1980 there were 5,000 senior centers nationwide (Leanse 1977). Senior centers provide their elderly participants with a wide variety of services such as recreation, transportation, information and referral, health care, education, and meals (Hanssen, Merma, Buckspan, Henderson, Helbig, and Zarit 1978).

Additionally, state governments established agencies (such as the Aging Services Division, Department of Human Services) to assist communities in developing centers for the elderly. Although federally funded congregate meal programs were available in the late 1960s and early 1970s, it was through the Older Americans Act of 1978 that these services became available largely through senior centers.

Research on senior centers has typically concentrated on three areas. One body of research has been conducted on the degree to which the elderly use senior centers (Coulton and Frost 1982, Krout 1982 and 1983, Powers and Bultena 1979). For example, in a nationwide survey of the elderly, Carp

(1977) found that only 9% of the respondents ever went to senior centers, although 86% said they would go if they had transportation to do so. A second body of research concentrates on the characteristics that differentiate between elderly who use senior centers and those who do not (Rosen, Vandenberg, and Rosen 1981).

A third area of research pertaining to senior centers identifies the type and amount of services delivered through senior centers (Ambrosius 1981, Daum and Dobrof 1983, Krout 1985). However, this area of research has yet to address the issue of the comparative viability of senior centers, particularly those in rural areas affected by declining populations. This issue is especially important in rural states such as North Dakota.

To address the issue of comparative viability of senior centers, the Aging Services Division, Department of Human Services, authorized a study of the state's senior centers. The purpose of the study was threefold. First, we sought to explore and document the range of activities and services (functions) currently provided by senior centers[1] around North Dakota. The second objective was to determine criteria by which senior centers could compare their functions with those of other senior centers of similar size. Third, a survey instrument was to be devised for regular use.

Study Methods

To determine the characteristics of the senior centers in North Dakota and the services they offer, we developed and pretested a survey in October 1987. The survey was mailed to all North Dakota senior centers in mid-November 1987, with a follow-up reminder card sent in early December 1987. We mailed a second survey to nonrespondents in late December 1987. Correspondence is included in Appendix A. The Aging Services Division, Department of Human Services, provided the list of names and addresses of all senior clubs and centers in North Dakota.

The survey consisted of 25 items with questions pertaining to each club or center's use, finances, staffing, and services. A set of attitude questions was asked that dealt with clubs' and centers' self-perceptions and organizational dynamics (Appendix B). Respondents were asked to list the names of towns and townships served by the center. By matching the names listed on the survey with the census (Bureau of the Census 1981), we determined the total population and elderly population for each senior center's catchment area as of 1980 and 1986. Additional data obtained from the Aging Services Division, Department of Human Services, were used to account for the number and amount of money granted by the state to each center.

Of the 279 senior centers and clubs contacted, 217 returned their forms, yielding a response rate of 77.8%. When senior clubs that had no

---

[1]A distinction must be made between "senior centers" and "senior clubs." Senior centers are facilities used by a group of seniors and are open at least 20 hours per week. Senior clubs are organizations of seniors who may or may not operate a senior center. This research focused primarily on senior centers.

center were eliminated, 156 centers remained and were included in the analysis.

Description of North Dakota's Senior Centers

The survey included a series of questions to determine the characteristics of North Dakota's senior centers and the elderly persons who used them. Nearly one-quarter (23.7%) of the senior centers in the study drew elderly people from catchment areas of fewer than 500 total residents. An additional 19.9% served catchment areas that encompassed populations between 500 and 999 residents. Nearly 35% of the centers drew from catchment areas of 1,000 to 2,499 population, while 21.8% drew from areas with populations of 2,500 and over (Table 1). A catchment area refers to the towns and townships for which respondents reported their senior center offered services and activities.

TABLE 1. CHARACTERISTICS OF CENTER'S CATCHMENT AREA AND PARTICIPANTS NORTH DAKOTA, 1987

Characteristics	Number of Centers	Percent of Centers
Population of Center's Catchment Area		
2,500 and above	34	21.8
1,000 to 2,499	54	34.6
500 to 999	31	19.9
Less than 500	37	23.7
Year Center Formally Incorporated		
1980 or later	10	7.4
1975 to 1979	63	46.7
1970 to 1974	41	30.4
1965 to 1969	18	13.3
Before 1965	3	2.2
Members in Senior Center		
100 or more	26	17.0
75 to 99	27	17.6
50 to 75	37	24.2
25 to 49	49	32.0
Less than 25	14	9.2
Number of Seniors Leaving Area for Winter		
10 or more	25	17.1
5 to 9	37	25.3
1 to 4	53	36.3
None	31	21.2

The largest proportion of the state's senior centers (46.7%) was formally incorporated between 1975 and 1979, while an additional 30.4% was incorporated between 1970 and 1974. Only 15.5% of the senior centers was incorporated before 1970 and 7.4% was incorporated in the 1980s.

Over one-third of North Dakota's senior centers (39.2%) had less than 50 members. An additional quarter (24.2%) had between 50 and 75 members, while the remaining 34.6% of the state's senior centers had more than 75 members. While most senior clubs allow anyone age 55 and over to become a member, senior centers must be open to all persons age 60 and over, regardless of their club membership status. Senior club members typically administer the senior centers.

Over 36% of the responding senior centers reported a loss of one to four seniors during the winter months. Additionally, 25.3% and 17.1% of the centers reported losing five to nine seniors and ten or more seniors, respectively, during the winter months. Over one-fifth (21.2%) noted that none of their seniors left during the winter months.

An issue faced by some senior centers is whether or not there will be a "younger generation" (seniors age 65 to 74) to whom the "older generation" (seniors age 75 and over) may turn over maintenance of the centers. Nearly half (48.0%) of the seniors who use the centers are age 75 and over, while 41.6% are between 65 and 74 years old. Only 10.4% of those seniors who use the centers are less than 65 years old (Table 2).

The age of senior center membership raises an interesting dilemma for the typical center. The members age 75 and over who operate the centers in rural areas are also the principal users of the centers. Rural senior centers in the state were frequently begun by members in the 55 to 70 age range. The shift of members to age 75 and over leaves a gap in overall operation of the centers. Rural centers will need to make a concentrated effort to recruit more members from a shrinking population base or look for other alternatives to assist in the operation of their centers.

TABLE 2. AGES OF SENIORS USING AN AVERAGE CENTER PER DAY, NORTH DAKOTA, 1987

Age Group	Number of Seniors	Percent of Seniors
55 to 64	8	10.4
65 to 74	32	41.6
75 and over	37	48.0

The survey listed a series of questions pertaining to senior center facilities and staff. As shown in Table 3, over 21% of the centers reported being open an average of 40 hours or more per week. Nearly 11% reported being open 30 to 39 hours weekly, while twice that amount (23.7%) reported

being open 20 to 29 hours per week. Nearly 20% average 10 to 19 open hours weekly. One-quarter of the senior centers (24.4%) were open less than 10 hours per week.

Most senior centers were equipped with handicapped accessible entries (83.8%) and restrooms (81.8%). Nearly 62% had handicapped parking. Air conditioning was available in 50.3% of the centers and office space was available in 35.9% of them.

Respondents were asked about the number of paid and volunteer staff working in their centers. Only 21% of the centers used paid staff and 49.3% used volunteer staff. Forty percent of the centers employed Title IIIc paid staff.

The majority (61.2%) of the senior centers independently owned their facilities and an additional 3.8% of the centers co-owned them. Over 14% leased their facilities and 18.1% of the centers rented facilities. The remaining 2.5% made other arrangements for facility use such as borrowing city-owned or church-owned buildings.

Only 8.3% of the centers made no provision for other groups to use their facilities. Donations were sought by 42.3% of the centers, while 35.9% of the centers charged rent for use of their facilities. Only 3.8% asked for services such as snow removal in return for use of their facilities.

Table 4 displays the funding sources and budget categories of North Dakota's senior centers. A majority of the centers (82.7%) reported membership dues as a source of funding. Of those senior centers that charge membership dues, an average of $179 per center was received as income from this source. (Dues are not required for participation in senior centers.) Funds from the state and federal government were received by 38.5% and 9.0% of the senior centers, respectively. Centers reporting receipt of state funds received an average of $1,889 from that source during the preceding year. Centers reporting receipt of federal funds received an average of $3,034 from that source. Nearly 52% of the centers reported receiving county mill levy funds. Centers obtaining county mill levy funds received an average of $2,442 per year. City governments provided an average of $1,834 per year to senior centers. However, only 5.8% of the centers reported obtaining funds from this source. Other funding sources included individual donations (51.3%), fund raisers (47.4%), and rent of the facility (46.8%). One-third of the centers (32.7%) reported receiving estates and memorials and only 12.2% received gambling funds.

Over two-thirds of the centers reported budgets for utilities and for insurances on their facilities (71.8% and 67.3%, respectively). Centers budgeting for utilities set an average of $1,531 for that category. They budgeted an average of $525 for insurances on the senior center facilities. Nearly 44 pecent reported budgets for social and recreational activities, while nearly 39% budgeted for services. Centers budgeting for social/recreational activities set an average of $64 for such activities, while the services category received a $3,277 budget.

TABLE 3. CHARACTERISTICS OF CENTERS' FACILITIES AND STAFF, NORTH DAKOTA, 1987

Characteristic	Number of Respondents	Percent of Respondents
Number Hours Center is Open Weekly		
50 or more	11	7.0
40 to 49	22	14.1
30 to 39	17	10.9
20 to 29	37	23.7
10 to 19	31	19.9
Less than 10	38	24.4
Centers With Various Facilities		
Handicapped accessible entry	124	83.8
Handicapped accessible restroom	126	81.8
Handicapped parking	96	61.9
Air conditioning	78	50.3
Office space	56	35.9
Centers With Paid Staff		
More than 1	12	7.7
Only 1	21	13.5
None	123	78.8
Centers With Volunteer Staff		
More than 10	40	26.3
2 to 9	31	20.4
Only 1	4	2.6
None	77	50.7
Centers With Paid Title IIIc Staff		
More than 1	42	28.9
Only 1	21	13.5
None	93	59.6
Center Ownership Status		
Independently owned	99	61.2
Co-owned	6	3.8
Leased	23	14.4
Rented	29	18.1
Other	4	2.5
Arrangements for Use of Center		
No other groups use the facility	13	8.3
Ask for a donation	66	42.3
Charge rent	56	35.9
Group provides service (like snow removal)	6	3.8
Other	15	9.6

TABLE 4. FUNDING AND BUDGETS OF SENIOR CENTERS, NORTH DAKOTA, 1987

Funding or Budget Item	Recipients		Mean Dollars Received[a]
	Number	Percent	
Funding Sources			
City government	9	5.8	1,834
Federal government	14	9.0	3,034
Gambling funds	19	12.2	1,440
Estates and memorials	51	32.7	173
State government	60	38.5	1,889
Rent of the facility	73	46.8	452
Fund raisers	74	47.4	586
Individual donations	80	51.3	626
County mill levy	81	51.9	2,442
Membership dues	129	82.7	179
Other	49	31.4	1,622
Budget Categories			
Services	60	38.5	3,277
Social/recreational activities	68	43.6	646
Insurances on the facility	105	67.3	525
Utilities	112	71.8	1,531
Other	89	57.0	2,056

[a]Means were calculated only with centers that reported the funding source or budget category.

The survey included items of an attitudinal nature for the senior center respondents. Table 5 lists the results of these items. A majority of the centers (64.5%) were interested in receiving grant money from sources outside of their own communities. However, over 80% wanted to run their center with no interference from outside of their own communities.

Respondents were asked what functions they perceived the center offered their seniors. Nearly 96% believed they served as a recreational activity center for the seniors in their community. An additional 90.7% and 84.3% noted that their centers provided health and social services functions, respectively, for their elderly. Only 35.2% believed their center served as a political lobby organization for the elderly.

TABLE 5. ATTITUDES OF SENIOR CENTER RESPONDENTS

Attitude Item	Agree		Disagree		Undecided	
	Number	Percent	Number	Percent	Number	Percent
Interest in receiving grant money from sources outside of own community	78	64.5	24	11.9	15	12.4
Run center with no interference from outside own community	102	80.3	18	14.2	7	5.5
Center serves as health services center for elderly	117	90.7	8	6.2	4	3.1
Center serves as social services center for elderly	102	84.3	10	8.3	9	7.4
Center serves as recreational activity center for elderly	140	95.9	3	2.0	3	2.0
Center serves as political lobby organization for elderly	40	26.2	89	58.3	13	8.2
Receive encouragement from community as a whole to run center	109	81.3	21	15.7	4	3.0
Receive encouragement from most of seniors in community to run center	110	79.1	20	14.4	9	6.5
Have little difficulty getting seniors to volunteer their help with center's functions	115	81.0	18	12.7	9	6.3
Most of those involved with center's functions vote in center's important decisions	141	97.9	3	2.1	0	0.0

When asked about the encouragement they received to run their centers, over 70% of the centers reported receiving encouragement from most of the seniors in the community. Furthermore, 81.3% reported receiving encouragement to run the center from the community as a whole.

Participation of seniors in the center's functions was remarkably high. While 81% of the respondents believed they had little difficulty getting seniors to volunteer their help with the center's functions, nearly 98% believed that most of the seniors involved in the center's functions voted in its important decisions.

Table 6 lists the categories of services and activities offered by the centers and the percentage of centers offering various numbers of services and activities in each category. In some cases, only a limited number of services of a particular category could be offered. For example, only four types of transportation services were known to be offered. These included rides offered by volunteers to individual seniors to places they requested or to places on regular, scheduled routes. Types of transportation services also included rides provided with the centers' vehicles to places requested by seniors or to places on regular, scheduled routes. Additionally, the table lists the average number of services or activities offered in each category. The results from this portion of the study are similar to the findings of Krout (1985).

TABLE 6. PERCENT OF SENIOR CENTERS, BY NUMBER OF SERVICES AND ACTIVITIES OFFERED NORTH DAKOTA, 1987

Service or Activity	Number of Services*											
	0	1	2	3	4	5	6	7	8	9	10+	mean number
	Percent											
Services												
Health	6.4	9.6	7.7	4.5	8.3	13.5	10.3	14.1	10.9	4.5	10.3	5.4
Information/referral	30.8	12.2	13.5	17.3	9.6	10.3	2.6	2.6	1.3	0.0	0.0	2.2
Transportation	30.8	41.7	17.9	7.1	2.6	.	.	.	.	.	.	1.1
In-home services	41.7	17.3	16.7	9.6	7.1	5.8	0.6	0.0	1.3	0.0	0.0	1.5
Meals	49.4	18.6	32.1	.	.	.	.	.	.	.	.	0.8
Activities												
Recreation	1.3	0.6	2.6	7.7	7.1	13.5	12.2	20.5	10.9	7.1	16.7	6.0
Fund-raisers	14.1	12.8	10.9	14.1	12.8	7.1	4.5	3.8	2.6	3.2	14.1	4.8
Education/culture	14.1	5.8	16.0	17.3	12.8	12.8	9.6	7.1	3.2	0.6	0.0	3.5

*See Table 7 and 8 for a listing of services.

Nearly 94% of the senior centers offered at least one health service. The average number of health services offered was five services. Over 69% of the senior centers offered at least one transportation service. The same proportion (69.2%) offered at least one information and referral service. Senior centers average over two information and referral services. One-half of the centers (50.6%) provided home-delivered meals and/or congregate meals.

Nearly 86% of the centers offered one or more fund-raising activities and 86% offered one or more educational and cultural activities. An average of five fund-raising activities and four educational and cultural activities were offered by the centers. Recreational activities were offered by 93.7%, with an average of seven activities.

In the area of health services, most of the senior centers offered blood pressure checks (90.4%). Over half of the centers offered hemoglobin checks (59.0%), weight checks (58.3%), or health referrals (54.5%) (Table

In the area of health services, most of the senior centers offered blood pressure checks (90.4%). Over half of the centers offered hemoglobin checks (59.0%), weight checks (58.3%), or health referrals (54.5%) (Table 7). One-half of the centers (50.0%) offered health counseling services. Over one-third offered hearing tests (43.6%), urinalysis (41.0%), or height checks (35.3%). About one-quarter of the centers offered cholesterol checks (28.2%), vision checks (27.6%), or colo-rectal screening (25.0%).

It should be noted that service delivery through senior centers, particularly health service delivery, needs to be clarified. This is an area that needs additional study to determine if rural senior centers have the capacity to serve as a linkage within the community for delivery of such services. Given the growing proportion of membership age 75 and over, it may be unrealistic to expect senior clubs to be the actual providers of such services.

Social security information services were provided by nearly one-half (49.4%) of the senior centers. Other information and referral services offered by the senior centers included legal aid (39.7%), medical assistance (39.1%), help paying heat bills (38.5%), or food stamps (25.6%). Very few of the centers provided help finding housing (10.3%) or help finding a job (3.8%). The small number of centers offering help finding housing or jobs may reflect the low number of seniors seeking this service relative to other services.

Surprisingly, only a few of the senior centers provided transportation services. While one-half of them (50.6%) reported that their volunteers provided rides to individual seniors to places requested by the senior, only 14.7% reported that their volunteers provided rides to individual seniors to places requested by the senior, only 14.7% reported that their volunteers provided rides to individual seniors on regular, scheduled routes. Over 23% reported providing rides to seniors using the centers' vehicles on regular, scheduled routes. Nineteen percent provided rides with the centers' vehicles to seniors to places requested by individual seniors.

Regarding in-home services, over one-third (37.8%) of the centers reported providing visitation and 34.0% provided home health aid. Yard maintenance and house maintenance was provided by 21.1% and 19.9% of the centers, respectively. Homemaking help was offered by 18.6% of the senior centers.

Nearly one-half (47.4%) of the centers reported providing home-delivered meals. Over one-third (35.3%) offered Title IIIc congregate meals. Local meal service delivery programs correspond with the Aging Services Division policy that targets service to those locations most in need of the home-delivered meals. Many of the congregate meal sites run in conjunction with regionally-based nutrition programs.

Nearly all of the centers (98.8%) offered at least one recreational activity. Cards, parties, and bingo were cited as recreational activities offered by 94.9%, 82.7%, and 82.1% of the centers, respectively (Table 8). Over one-half of the centers offered games (73.1%), music (62.2%), or arts and crafts (52.6%). Pool and exercise sessions were offered by 44.9% and 40.4% of the centers, respectively. About one-quarter of the centers

TABLE 7. NUMBER OF IN-HOME, TRANSPORTATION, MEALS, INFORMATION/REFERRAL, AND HEALTH SERVICES OFFERED BY TYPE, NORTH DAKOTA, 1987

Service	Service Not Provided		Service Provided	
	Number	Percent	Number	Percent
Health Services				
Blood pressure checks	15	9.6	141	90.4
Hemoglobin	64	41.0	92	59.0
Weight	65	41.7	91	58.3
Health referral	71	45.5	85	54.5
Health counseling	78	50.0	78	50.0
Hearing tests	88	56.4	68	43.6
Urinalysis	92	59.0	64	41.0
Height	101	64.7	55	35.3
Cholesterol	112	71.8	44	28.2
Vision checks	113	72.4	43	27.6
Colo-rectal screening	117	75.0	39	25.0
Other	124	79.5	32	20.5
Information/Referral Services				
Social Security information	79	50.6	77	49.4
Legal aid	94	60.3	62	39.7
Medical assistance	95	60.9	61	39.1
Help paying heat bills	96	61.5	60	38.5
Food stamps	116	74.4	40	25.6
Help finding a house	140	89.7	16	10.3
Help finding a job	150	96.2	6	3.8
Other	143	91.7	13	8.3
Transportation Services				
Volunteers provide rides at senior's request	77	49.4	79	50.6
Volunteers provide rides on regular routes	133	85.2	23	14.7
Rides given with center's vehicle upon request	126	80.8	30	19.2
Rides given with center's vehicle on regular routes	120	76.9	36	23.1
In-Home Service				
Visitation	97	62.2	59	37.8
Home health aid	103	66.0	53	34.0
Yard maintenance	123	78.8	33	21.1
House maintenance	125	80.1	31	19.9
Homemaking help	127	81.4	29	18.6
Other	141	90.4	15	9.6
Meal Services				
Home-delivered meals	82	52.6	74	47.4
Title IIIc congregate meals	101	64.7	55	35.3

TABLE 8. NUMBER OF FUND-RAISING, EDUCATION/CULTURE, AND RECREATIONAL ACTIVITIES OFFERED BY TYPE, NORTH DAKOTA, 1987

Activity	Activity Not Provided		Activity Provided	
	Number	Percent	Number	Percent
Recreation Activities				
Cards	8	5.1	148	94.9
Parties	27	17.3	129	82.7
Bingo	28	17.9	128	82.1
Games	42	26.9	114	73.1
Music	59	37.8	97	62.2
Arts and crafts	74	47.4	82	52.6
Pool	86	55.1	70	44.9
Exercise sessions	93	59.6	63	40.4
Dancing	112	71.8	44	28.2
Walking clubs	117	75.0	39	25.0
VCR/video equipment	128	82.1	28	17.9
Shuffle board	129	82.7	27	17.3
Horseshoes	133	85.3	23	14.7
Bowling teams	137	87.8	19	12.2
Golfing	150	96.2	6	3.8
Swimming	152	97.4	4	2.6
Other	143	91.7	13	8.3
Fund-Raising Activities				
Bake sales	62	39.7	94	62.7
Dinners	96	61.5	60	38.5
Craft shop	97	62.2	59	37.8
Rummage sales	107	68.6	49	31.6
Bazaars	114	73.1	42	26.9
Breakfasts	131	84.0	25	16.0
Other	96	61.5	60	38.5
Education/Culture Activities				
Health education	59	37.8	97	62.2
Community events	68	43.6	88	56.4
Reading opportunities	70	44.9	86	55.1
Travel presentations	88	56.4	68	43.6
Musical performances	91	58.3	65	41.7
Consumer education	111	71.2	45	28.8
Field trips	115	73.7	41	26.3
Plays	138	88.5	18	11.5
Other	145	92.9	11	7.1

offered dancing (28.2%) and walking clubs (25.0%). Other recreational activities offered by the centers included VCR/video equipment (17.9%), shuffle board (17.3%), horseshoes (14.7%), or bowling teams (12.2%). Activities offered by only a small number of centers included golfing (2.6%) and swimming (2.6%).

In the area of educational and cultural activities, over one-half of the centers offered health education (62.2%), community events (56.4%), or reading opportunities (55.1%). Travel presentations and musical performances were offered by 43.6% and 41.7% of the centers, respectively. Other types of educational and cultural activities included consumer education (28.8%), field trips (26.3%), or plays (11.5%).

While fund-raisers provided only an average of $686 per year for centers holding these events, they did serve as social outlets for a substantial proportion of the senior centers. Nearly 63% of the centers reported holding bake sales. About one-third of the centers held dinners (38.5%), maintained a craft shop (37.8%), or conducted rummage sales (31.6%) as a means of raising funds. Other fund-raising events included bazaars (26.9%) and breakfasts (16.0%).

Comparative Viability of North Dakota's Senior Centers

Criteria for viability depends upon how the concept is defined. Most definitions take into account some aspect of survivability (whether or not the center can continue to exist as an entity) and some aspect of cost effectiveness. In this study, four factors were of particular significance. These factors included: (1) potential population, (2) current participation, (3) current functions, and (4) community support.

The first factor, potential population, involves determining the number of elderly who may use the senior center in the future. Potential population is calculated by projecting the number of elderly persons in the senior center's catchment area. Such projections take into account a number of demographic, social, and economic factors from the senior center's catchment area. For example, Voelker, Helgeson, and Vreugdenhil (1973) found that small town viability can be determined from a series of variables such as population size, volume of taxable sales, number of retail and professional establishments, and youth and age dependency ratios. As a factor affecting senior center viability, potential population determines if there will be enough people, resources, and need to operate a senior center in the future.

A second factor impacting the viability of senior centers takes the participation patterns of elderly into consideration. A senior center is defined as viable when a minimum number of persons make use of the center. When the number of patrons drops below that minimum, it may no longer be cost effective to maintain the center.

A third factor affecting viability involves the number of functions (services and activities) offered by senior centers to their clientele. When the number of functions drops below a set minimum, it may no longer be

cost effective to maintain the center. Krout (1985) observed an average of 11.1 activities and 17.6 services offered through senior centers in his three-state sample. Additionally, he observed a large variation in the number of activities and services offered through the centers he studied. He did not report relationships between number of activities and services offered with demographic factors. It is likely that the variation in number of functions was the result of community size or number of elderly in the catchment area.

A fourth factor impacting senior center viability is the level of community support offered to the center. When support from the community residents, elderly population, business sector, and church groups is minimal, the center's viability may be diminished.

Ideally, it would be appropriate to compare the characteristics of senior centers that have not survived with those that have survived. However, such data for North Dakota is not currently available. It is hoped that the data collected in this survey will provide a baseline with which longitudinal data may be compared. Until such data is available, other procedures must be employed to approximate a measure of senior center viability. A measure of comparative viability was developed for use in this report by comparing senior centers with each other on the basis of the four factors described above.

To account for the four factors affecting comparative senior center viability, several items from the survey were analyzed. Survey items included in each factor were determined through a factor analysis statistical procedure. Two items were included in the potential population factor. The first was percent change in the catchment area's total population between 1980 and 1986. The second item was the number of years the senior club had been formally incorporated.

Three items comprised the participation patterns factor. The first item was the number of seniors holding membership in the club. The second item was the average number of seniors using the center each day. Third, the number of club members age 65 and over as a percentage of all persons in the catchment area age 65 and over was included.

Two items made up the number of functions factor. These were the total number of hours the center was open during each week and the total number of services and activities offered at the center.

The community support factor was comprised of two attitude items. The first was a seven-point Likert scale item asked to determine how much encouragement was received from the elderly in the community to run the center. A second seven-point Likert scale item was used to determine how much encouragement was received from the community as a whole to run the center.

Substantial differences in the response to items defining comparative viability were found between different sizes of communities. As a result, separate analyses were conducted for four different catchment populations. Senior centers were divided into those with catchment populations of less

than 500 persons; those between 500 and 999 persons; those between 1,000 and 2,499; and those with 2,500 or more persons. Table 9 lists a description of factor items affecting comparative viability by size of catchment area.

TABLE 9. DESCRIPTIONS OF SENIOR CENTERS BY SIZE OF CATCHMENT AREA, NORTH DAKOTA, 1987

Factor Item	Units	Catchment Size: Less than 500	500 to 999	1,000 to 2,499	2,500 and over	Total
Potential Population						
Population change	Percent	-4.66	-2.38	-2.04	4.00	-1.51
Age of club	Years	11.41	14.15	12.85	13.73	12.96
Participation Patterns						
Members	Number	42.16	49.83	76.48	197.59	88.29
Users	Number	19.68	21.43	30.28	63.22	33.35
Members of elderly	Percent	67.04	45.42	30.44	17.38	39.50
Number of Functions						
Services/Activities	Number	20.32	24.87	27.41	28.15	25.38
Hours Open	Hours	16.01	18.26	25.67	36.09	24.18
Community Support						
Community encouragement[a]	Points	2.57	2.39	3.09	2.83	2.77
Senior encouragement[a]	Points	2.64	2.25	2.81	2.97	2.69
		N=37	N=31	N=54	N=34	N=156

[a]Average of seven-point Likert scale ranging from 1=strongly agree to 7=strongly disagree.

Statewide, catchment area populations experienced a 1.51% decline in population between 1980 and 1986. Only centers with catchment areas of more than 2,500 total population experienced an average increase in population during that time period (4.00%). The smaller the catchment size, the greater the percentage loss in population. The average age of senior centers statewide was nearly 13 years. Places with catchment sizes of 500 to 999 residents average the oldest centers (14.15 years).

Catchment areas with more residents had larger average numbers of center members and center users. The state average for center members and center users was 88 and 33, respectively. However, smaller catchment areas had a greater proportion of its elderly involved in the senior center than did larger catchment areas. For example, an average of over 67% of the elderly in catchments with less than 500 persons were members of the senior

center. An average of only 17% of the elderly in catchments with 2,500 or more residents were members of the senior center.

Larger catchment senior centers offered a larger number of services and functions than did centers with smaller catchments. Additionally, centers with larger catchments were open more hours per week than were their counterparts with smaller catchments. To receive state funds, senior centers are required to be open at least 20 hours per week. Currently, only the average center with catchments of 1,000 or more residents meets that requirement. There is a strong relationship between the average number of services and activities offered by senior centers and the number of hours per week they are open ($r=.450$, $p=.001$). However, additional statistical analysis suggests that these two variables are distinct in determining comparative viability of senior centers.

Community support scores for centers with smaller catchment populations were slightly more positive than were similar scores for centers with larger catchment populations. Further, average senior support scores for smaller catchment centers were slightly more positive than were the scores for centers with larger catchment populations.

The responses to factor items were divided into quartiles and given scores of 1 to 4 with a score of 1 representing the bottom quartile and a score of 4 representing the top quartile. By summing the factor items' quartile scores, an "Index of Comparative Viability" was created.

The worksheet in Appendix C may be used to determine the Index of Comparative Viability for any given North Dakota senior center given its catchment area population. For example, the worksheet may be used to calculate the Index of Comparative Viability for a senior center with a catchment area population of less than 500 people. To complete the worksheet, certain data are needed. They may be obtained either from the survey (Appendix B) or from other similar sources of data. After matching each item on the worksheet with the available data, the appropriate quartile score on the worksheet is circled. When each worksheet item has been completed, the quartile scores are summed. The resulting number becomes the raw score Index of Comparative Viability. The raw score may next be matched with the norms to determine how the viability of the senior center in question compares with other senior centers of similar catchment size.

Perspective and Implications

Senior centers have been recognized as a priority by Aging Services, Department of Human Services, and by the senior population in North Dakota. This is evident by the amount of financial support made available for construction and renovation of senior centers over the past 12 years. Most senior centers in North Dakota have received some form of federal funding for initial construction renovation.

Along with the federal funding, policies established by the Aging Services Division, Department of Human Services required implementation of services, a minimum number of hours to be open, and availability of the

senior center to anyone age 60 and over. The nonprofit senior clubs that sponsored and now operate the centers were accustomed to meeting only once or twice a month prior to construction or renovation of a senior center. The availability of a building with indoor plumbing, kitchen facilities, and handicapped accessible was a new and welcome experience for many of the small rural communities.

In addition to funding the facilities, linkages were developed with existing service providers. Most of the congregate and home-delivered meals in rural senior centers operate as sites of larger, regionally-based nutrition programs. Most frequently the base of operation of the nutrition provider is the multipurpose senior center in larger communities. These survey findings support the effectiveness of a regionally-based administrative operation with small, rural centers supporting selected services in their locales.

The largest budget category of the survey findings is services. Information from the Aging Services Division, Department of Human Services suggests that the local budget is a combination of county mill levy, state match, and local fund-raising dollars which are used to match federal Older Americans Act (OAA) monies for the provision of services.

The broad array of health services includes everything from blood pressure checks to special wellness events. There is no uniformity or statewide standard to the services delivered. The funding sources for health service also varies from one locale to another. Because this service is both a high priority among seniors and has been mandated by the OAA, state mill levy match monies and some public health monies assist in providing these services. The Aging Services Division, Senior Center Leadership, and State Health Department should consider the development of statewide definitions and standards for the health-related programs. Some priority should also be established on the type of health screening to be delivered. Certain areas of the state have been successful in developing an array of health screenings. In other areas, seniors have only been able to access a simple blood pressure check. This might suggest that some small, rural centers need to be a part of a larger more regionally-based program or that more uniform development of health service is needed in the rural areas.

The findings on transportation indicate a mix of voluntary and federally funded transportation programs. Again, access to this service is not available statewide. Because research indicates that transportation is a key factor in using the senior center and services, the development of stronger linkages between the voluntary system and the provider-funded system should be considered. Consideration should also be given to statewide networking and development of transportation services.

Congregate and home-delivered meals that are available in half of the senior centers is a reflection of the policies developed by Aging Services, Department of Human Services, for the implementation of services through the rural centers. The higher service rates of the home-delivered meals may be a direct influence of targeting under the OAA to the rural, frail, older person living at home. Development and continuation of congregate and home-delivered meals should remain a strong component of the rural senior centers. As population decreases, senior center leaders and service

providers should consider innovative ways of facilitating both congregate and home-delivered meal programs in the rural areas.

Socialization and recreation, a primary function of the rural centers, will remain a challenge for the voluntary senior leadership in the rural areas. The age spread of 20-25 years means differing expectations of the generations. With the anticipated continued growth in the 75+ age category, it will be necessary to also provide functions that appeal to different generations with an age spread from 60-90 years.

The survey findings indicate social/recreational activity as the lowest budget category. Yet it is recognized by the seniors as a high priority. In addition, this service is arranged by the voluntary senior leadership. Senior leadership may need to reconsider the amount of dollars budgeted for social/recreational activities as the population changes and the age spread in center participants continues to grow. The burden of developing and providing social/recreational activities, which is currently placed upon the voluntary senior leadership half of whom are age 75 and over, is probably an unrealistic expectation.

The continuation of the broad range of social/recreational activities in senior centers probably needs a supportive environment that can develop or arrange for activities from among a catalog of activities. The senior leadership could then buy or select social/recreational activities from the catalog of ideas.

According to the U.S. Census Bureau, the majority of the small, rural towns is declining in population. Continued development of rural senior centers needs to be carefully considered. Some issues that require consideration include type of center, facility-sharing, capabilities of the senior population, community support, linkages to service delivery, and the need for social/recreational opportunities for an aging rural population.

Senior center development in rural areas may require additional study of the designated service area to determine the size of the senior population. Careful planning must be conducted to assure use of the center and service delivery through contracts or agreements with larger-based service providers. Furthermore, careful planning must be conducted in order to target the frail, older person living alone. The integration of formal and informal systems through the senior centers must be determined to assure that services and social/recreational activities can be accessed by the seniors living in the service area.

Nondevelopment of senior centers should be considered in communities with less than 100 older people in their designated service area. Other facility alternatives should be considered. Shared community facilities should be considered in communities of 100 to 300 population. Handicapped accessibility of shared or other potential sites should be considered as a priority within the resource allocation of construction dollars. Prior to committing any funds for construction/renovation in the next fiscal year, the State Unit on Aging should re-evaluate its funding policies, prioritize or target certain areas for development, and reconsider policies that provide linkages with other service delivery.

REFERENCES

Ambrosius, G. Richard. 1981. "To Dream the Impossible Dream--Delivering Coordinated Services to the Rural Elderly." In Paul K., H. Kim and C. P. Wilson (eds.) Toward Mental Health of the Rural Elderly. Washington, DC: University Press of America, pp. 289-316.

Bureau of the Census. 1981. 1980 Census of Population--Number of Inhabitants: North Dakota (PC80-1-A36). Washington, DC: GPO.

Bureau of the Census. 1982. 1980 Census of Population--General Population Characteristics: North Dakota (PC80-1-B36). Washington, DC: GPO.

Carp, Francis M. 1977. "The Mobility of Retired People." Chapter 8 in Richard A. Kalish (ed.), The Later Years: Social Applications of Gerontology. Monterey, CA: Brooks/Cole Publishing Co.

Coulton, Claudia and Abbie K. Frost. 1982. "Use of Social and Health Services by the Elderly." Journal of Health and Social Behavior 23(December):330-339.

Daum, Menachem and Rose Dobrof. 1983. "Seasonal Vulnerability of the Old and Cold: The Role of the Senior Citizen Center." Journal of Gerontological Social Work 5(4):81-106.

Goreham, Gary A. and Richard W. Rathge. 1988. "Number of Elderly in North Dakota, 1980 and 1986." Population Bulletin 4(2). State Census Data Center, North Dakota State University, Fargo.

Hanssen, A. M., J. J. Merma, L. M. Buckspan, B. F. Henderson, T. S. Helbig, and S. H. Zarit. 1978. "Correlates of Senior Center Participation." The Gerontologist 18(2):193-199.

Krout, John A. 1982. Determinants of Service Use by the Aged. Final Report to the AARP Andrus Foundation. Washington, DC: AARP Andrus Foundation.

Krout, John A. 1983. "Correlates of Senior Center Utilization." Research on Aging 5:339-352.

Krout, John A. 1985. "Senior Center Activities and Services." Research on Aging 7(3):455-471.

Leanse, Joyce. 1977. "The Senior Center, Individuals, and the Community." In Richard A. Kalish (ed.), The Later Years: Social Applications of Gerontology. Monterey, CA: Brooks/Cole Publishing Co.

Nelson, Gary. 1980. "Social Services to the Urban and Rural Aged: The Experience of Area Agencies on Aging." The Gerontologist 20(April): 200-207.

Powers, E. and G. Bultena. 1974. "Correspondence Between Anticipated and Actual Uses of Public Services by the Aged." Social Service Review 48:245-254.

Rathge, Richard W., William Ransom-Nelson, and F. Larry Leistritz. 1985. Revised Population Projections by Age and Gender, 1985-2000, for North Dakota. North Dakota State Census Data Center Report No. 3., North Dakota State University, Fargo.

Rosen, Catherine E., Robert J. Vandenberg, and Sidney Rosen. 1981. "The Fate of Senior Center Dropouts." In Paul K., H. Kim and C. P. Wilson (eds.), Toward Mental Health of the Rural Elderly. Washington, DC: University Press of America, pp. 143-163.

Voelker, Stanley W., Delmer L. Helgeson, and Harvey G. Vreugdenhil. 1978. A Functional Classification of Agricultural Trade Centers in North Dakota. Agricultural Economics Report No. 125. North Dakota State University, Fargo.

APPENDIX A

Survey

NORTH DAKOTA

SENIOR CITIZENS CENTER SURVEY

Senior centers are important organizations serving the needs of a growing number of seniors in North Dakota. The purpose of this survey is to find out what services are available through the senior citizens centers in the state.

Please read each question closely, then fill out the survey as completely and accurately as you can. The answers you give will be used to help plan delivery of services to seniors and to determine the types of support needed by senior centers.

A few suggestions as you fill out the survey....

* Work together with a small group of people involved with your center.
* Have available some of your membership, financial, and activity records.
* Put on a pot of coffee since you will need about an hour or so to complete the survey.
* Feel free to write in comments on the survey.

Sue Tohm
Office of Human Services
Aging Services Division
Bismarck, North Dakota
1-(800)-472-2622

Richard Rathge & Gary Goreham
State Census Data Center
North Dakota State University
Fargo, North Dakota
1-(701)-237-7980

NORTH DAKOTA SENIOR CITIZENS CENTER SURVEY No. _____

1. What towns and townships are served by your senior center? (*You may need to look at a map.*)

   Towns: _____
   Townships: _____

2. In what year was your senior citizen club formally incorporated? ____

3. How many **MEMBERS** are in your senior citizen club? _____

4. On an average "busy" day, how many seniors use the center? _____
   On an average "slow" day, how many seniors use the center? _____

5. Of the seniors who use your center, how many are in the following age categories?

   55 through 64 _____ 65 through 74 _____ 75 and over _____

6. How many of the seniors who use the senior center leave the area for the winter? _____

7. How many hours is the center open during each day of the week? (*Write "0" if none.*)

Day	Number of Hours
Monday	
Tuesday	
Wednesday	
Thursday	

(cont'd)	Number of Hours
Friday	
Saturday	
Sunday	

8. How many paid staff and volunteer staff work at the senior center?

   Title-IIIc Paid Staff _____ Title-IIIc Volunteer Staff _____
   Club's Paid Staff _____ Club's Volunteer Staff _____

9. Do you own or lease the facility in which your center is located?

   Independently Own _____ Co-own _____ Lease _____
   Rent _____ Other (*Specify*) _____

10. If you allow other groups to use your facility, what arrangements have you made with them? (*Check mark all answers that apply.*)

    _____ No other groups use the facility
    _____ We ask for a donation
    _____ We charge rent
    _____ They provide service (like snow removal) (*Specify*)_____
    _____ Other (*Specify*) _____

11. How many dollars of your club's total operating budget did you spend in 1986 on each of the following categories? (*If none, write "0."*)

Budget Category	Dollars
Social/Recreational Activities	$
Services (like meals or health screening)	$
Utilities	$
Insurances on the Facility	$
Other (*Specify*)	$
	$
TOTAL OPERATING BUDGET	$

12. How many dollars did your club receive in 1986 to run the senior center from each of the following funding sources? (*If none, write "0."*)

Funding Source	Dollars
Federal Government	$
State Government	$
State Mill levy	$
County Mill levy	$
City Government	$
Gambling Funds	$
Estates and Memorials	$

(cont'd)	Dollars
Membership Dues	$
Individual Donations	$
Fund Raisers	$
Rent of the Facility	$
Other (*Specify*)	$
	$
TOTAL DOLLARS	$

13. Which of the following services are regularly provided or coordinated by the center for your seniors? Which are provided or coordinated by other organizations in your community? (*Please place a check mark in the appropriate columns.*)

Services/Activities	Provided by your organization	Provided by some other organization	Not provided in the community
Group Transportation			
Escort Transportation for Individual Seniors			
Title-IIIc Congregate Meals			
Home-delivered Meals			
In-home Services (like home health aid)			
Health Services			
Information & Referral			
Education & Cultural Activities			
Recreation Activities			
Fund Raisers			

14. If you provide any of the following services, about how many seniors participate in them during your average "slow" week and "busy" week? (*Please place a number in every box. If none, write "0."*)

Services/Activities	Average Slow Week	Average Busy Week
Group Transportation:		
Number of seniors participating		
Number of one-way trips		
Escort Transportation for Individual Seniors:		
Number of seniors participating		
Number of round trips		
Title-IIIc Congregate Meals		
Number of seniors participating		
Number of meals served		
Home-delivered Meals:		
Number of seniors participating		
Number of meals served		
In-home Services (like home health aid):		
Number of seniors contacted		
Number of home visits or contacts made		
Health Services:		
Number of seniors participating		
Number of sessions offered made		
Information & Referral:		
Number of seniors participating		
Number of contacts made		
Education & Cultural Activities:		
Number of seniors participating		
Number of sessions offered		
Recreation Activities:		
Number of seniors participating		
Number of activities offered		
Fund Raisers:		
Number of seniors participating		
Number of fund raisers held		

Comments?

15. What are your goals for each of the following services over the next one or two years? (*Check mark each column that applies. Explain when possible.*)

Services/Activities	No plans	Plan to stop or limit service (How?)	Plan to keep it about as it is	Plan to expand service (How?)
Group Transportation				
Escort Transportation for Individual Seniors				
Title-IIIc Congregate Meals				
Home-delivered Meals				
In-home Services (like home health aid)				
Health Services				
Information & Referral				
Education & Cultural Activities				
Recreation Activities				
Fund Raisers				

16. What documentation do you keep regarding the number of seniors participating in each service you provide? For example do you maintain government forms, locally-developed forms, notebooks, etc.? (*Please describe. If you keep no records on the item, write "NONE."*)

Services/Activities	Type of documentation kept
Group Transportation	
Escort Transportation for Individual Seniors	
Title-IIIc Congregate Meals	
Home-delivered Meals	
In-home Services (like home health aid)	
Health Services	
Information & Referral	
Education & Cultural Activities	
Recreation Activities	
Fund Raisers	
Financial Records	

17. Please circle the number best corresponding to your belief as given in the following statements:

	strongly agree	somewhat agree	agree	undecided	disagree	somewhat disagree	strongly disagree
Our center would be interested in receiving grant money from sources outside of our own community.	1	2	3	4	5	6	7
We run our center with no interference from outside of our own community.	1	2	3	4	5	6	7
Our center serves as a health services center for our seniors.	1	2	3	4	5	6	7
Our center serves as a social services center for our seniors (providing services like information and referral).	1	2	3	4	5	6	7
Our center serves as a recreational activity center for our seniors.	1	2	3	4	5	6	7
Our center serves as a political lobby organization for our seniors.	1	2	3	4	5	6	7
We receive encouragement to run the senior center from the community as a whole.	1	2	3	4	5	6	7
We receive encouragement to run the center from most of the seniors in the community.	1	2	3	4	5	6	7
We have little difficulty getting seniors to volunteer their help with the center's functions.	1	2	3	4	5	6	7
Most of those who are involved with the center's functions vote in the center's important decisions.	1	2	3	4	5	6	7

18. Which in-home services are available at your center? (*Please check mark either "Yes" or "No."*)

In-home Services	Yes	No
House maintenance		
Yard maintenance		
Visitation		
Homemaking help		

(cont'd)	Yes	No
Home health aid		
Others (*Specify*)		

19. What kind of **transportation services** do you provide or coordinate? (*Check mark all that apply.*)

_____ None
_____ Volunteers provide rides to places requested by individual seniors.
_____ Volunteers provide rides on regular, scheduled routes.
_____ Rides given with the center's vehicle or transportation system's vehicle to places requested by individual seniors.
_____ Rides given with the center's vehicle or transportation system's vehicle on regular, scheduled routes. (*Please list the places you go on these routes.*)

_____ _____
_____ _____
_____ _____

20. Which **fund-raising activities** have you used at your center? (*Please check mark either "Yes" or "No."*)

Fund-Raising Activities	Yes	No
Bake Sales		
Bazaars		
Breakfasts		
Dinners		

(cont'd)	Yes	No
Craft Shop		
Rummage Sales		
Others (*Specify*)		

21. Which **information/referral services** are available at your senior center? (*Please check mark either "Yes" or "No."*)

Information/Referral Services	Yes	No
Legal Aid		
Help Finding a House		
Help Finding a Job		
Help Paying Heat Bills		

(cont'd)	Yes	No
Social Security Info.		
Food Stamps		
Medical Assistance		
Other (*Specify*)		

22. Which **education/culture services** are available at your senior center? (*Please check mark either "Yes" or "No."*)

Education/Culture Services	Yes	No
Health education		
Consumer education		
Musical performances		
Plays		
Field trips		

(cont'd)	Yes	No
Travel Presentations		
Reading Opportunities		
Community Events		
Other (*Specify*)		

23. How often are health services available at your center? (*Please check mark either "Yes" or "No."*)

Health Services	Not Available	Less than monthly	Monthly	More than monthly
Urinalysis				
Blood Pressure Checks				
Hemoglobin				
Cholesterol				
Colo-Rectal Screening				
Height				
Weight				
Hearing Tests				
Vision Checks				
Health referral				
Health counseling				
Other (*Specify*)				

24. Check mark those facilities or equipment that you have in your senior center.

_____ Handicapped accessible entry
_____ Handicapped accessible restroom
_____ Handicapped parking provided
_____ Office space
_____ Air conditioning

25. Which recreational activities are available at your senior center? (*Please check mark either "Yes" or "No".*)

Recreational Activities	Yes	No
Cards		
VCR/Video Equipment		
Dancing		
Horseshoes		
Bowling teams		
Swimming		
Golfing		
Arts and Crafts		
Pool		

(cont'd)	Yes	No
Shuffle Board		
Walking Clubs		
Exercise Sessions		
Music		
Games		
Parties		
Bingo		
Other (*Specify*)		

Thank you for completing this form. Your answers are greatly appreciated! They will be most useful as together we provide for the needs of North Dakota's senior citizens.

APPENDIX B

Correspondence

North Dakota State University
OF AGRICULTURE AND APPLIED SCIENCE
FARGO, NORTH DAKOTA 58105

AGRICULTURAL ECONOMICS
MORRILL HALL
PO BOX 5636

TELEPHONE 701-237-7441

November 16, 1987

Dear Senior Center President:

Senior Centers play an important role in meeting the needs of the senior citizens in North Dakota. The types of services and activities offered by senior centers range from health services to transportation services to recreational activities. Because of the role being played by senior centers, it is important to determine how local people and state agencies can together work for the viability of senior centers.

You are invited to participate in a study of the activities and services offered by the senior centers in the state. The study is being conducted cooperatively by the Office of Human Services and North Dakota State University.

We would very much appreciate your help in this cooperative effort by completing the attached survey. If you decide to volunteer assistance in this effort, the information you provide will be included in that of all other senior centers participating in the project. While we may contact your center at a later date for additional information, neither your name nor that of your center will appear in the study's report.

Please feel free to ask questions at any time regarding the study. You may contact Sue Tohm at 1-800-472-2622 or Gary Goreham or Richard Rathge at 1-701-237-7980. We look forward to your very important input to this survey.

Sincerely,

Gary A. Goreham

Gary A. Goreham, Ph.D.
Assistant Coordinator
State Census Data Center

GAG:lr

Enclosures

December 7, 1987

Dear Senior Citizen Club Officer,

Thank you for participating in the Senior Citizens Center survey. Questionnaires are being returned to us from senior centers throughout the state. Their responses are providing very helpful information about services offered by senior centers.

But, we have not yet received your questionnaire. Perhaps you have already sent it. If so, thank you. If not, please try to return it in the next couple of days before the Holiday Season gets too busy. Remember, in order for us to gain an accurate assessment of the activities and potential needs of senior centers, we need a representative response. Thus, we look forward to hearing from you, and your generous assistance.

Sincerely,

Gary A. Goreham

Gary A. Goreham, Ph.D.

North Dakota State University
OF AGRICULTURE AND APPLIED SCIENCE
FARGO, NORTH DAKOTA 58105

AGRICULTURAL ECONOMICS
MORRILL HALL
P O BOX 5636

TELEPHONE 701 237-7441

December 31, 1987

Dear Senior Citizen Club Officer:

The survey of North Dakota's senior centers is nearing completion. Most of the centers and clubs around the state have returned their surveys to us. But, we have not yet received your survey.

We need to hear from you soon. Your response will help us develop a more accurate picture of the activities and needs of North Dakota's senior centers and clubs. Remember, this is not at audit. The answers you provide on the survey will be held in strictest confidence.

If you have already returned the survey, thank you. Perhaps our letters crossed in the mail. If you have not yet returned the survey to us, please do so this week. A new survey form is enclosed in case the first one was misplaced.

Again, thank you for your generous assistance with this survey. If you have questions, please feel free to contact Sue Tohm at 1-800-472-2622 or Gary Goreham or Richard Rathge at 1-701-237-7980. Best wishes to you for a healthy and happy 1988!

Sincerely,

Gary A. Goreham

Dr. Gary A. Goreham
Assistant Coordinator
State Census Data Center

GAG/djc

Equal Opportunity Employer

APPENDIX C

Index of Comparative Viability Worksheet

	If the Catchment Population Is...				
	Less Than 500	500 to 999	1,000 to 2,499	2,500 or more	
Number of Functions Factor and the number of services and activities offered was...	GT 26	GT 32	GT 35	GT 37	4
	21 to 26	25 to 32	29 to 35	27 to 37	3
	14 to 20	17 to 24	21 to 28	18 to 26	2
	LT 14	LT 17	LT 21	LT 18	1
and number of hours per week the center was open was...	GT 23	GT 26	GT 36	GT 48	4
	12 to 23	19 to 26	23 to 36	39 to 48	3
	7 to 11	6 to 18	13 to 22	23 to 38	2
	LT 7	LT 6	LT 13	LT 23	1
Community Support Factor and the seniors in the community encourage the running of the center...	str agree	str agree	str agree	str agree	4
	some agree	some agree	some agree	some agree	3
	agree	agree	agree	agree	2
	undec or dis	undec or dis	undec or dis	undec or dis	1
and community as a whole encourages the running of the center...	str agree	str agree	str agree	str agree	4
	some agree	some agree	some agree	some agree	3
	agree	agree	agree	agree	2
	undec or dis	undec or dis	undec or dis	undec or dis	1

A. Add the subscores. The total score is..... _____

B. Add the number of subscore entries. The number of subscore entries is..... _____

C. Divide line "a" by line "b." The answer is..... _____

D. Compare the answer in line "c" to the norms in the following table.

If the answer is...	then senior center's viability compares with other senior centers in the...
Greater than 2.8	top quartile
Between 2.5 and 2.8	50% quartile
Between 2.0 and 2.4	25% quartile
Less than 2.0	bottom quartile